

Completion of this Form does not constitute a binding confirmation of coverage, but it is agreed that the information given herein shall be the basis of the Contract should a policy be issued.

BROKER: _____

NAMED INSURED(S): _____

POLICY NUMBER: _____

RISK ADDRESS: _____

COVERAGE

Contents coverage required? Yes No

If yes, what is the Contents amount? \$ _____ If yes, please provide description of contents: _____

DETAILS OF RISK – GENERAL INFORMATION

Please indicate the reason the building is vacant: For Sale Insured Not Yet Moved In Previous Tenant Left, Seeking New Tenant New Tenant Has Signed Lease But Has Not Yet Moved In Major Renovations Snowbirds Work Assignment Other, please give detailed reason: _____

How long will this dwelling be vacant? From: _____ To: _____

SECURITY

Who is checking the premises: No One Insured/Employee/Professional/Neighbour

How often: Never Weekly Monthly No Set Schedule

Please indicate which of the following security/supervision measures are in place:

- Centrally monitored burglar alarm: Yes No
- Centrally monitored fire alarm: Yes No
- Lights on timers: Yes No
- Newspapers/mail picked up daily: Yes No
- Security service: Yes No
- Grilles on basement windows: Yes No
- Grass cut/snow shovelled: Yes No
- Car parked in driveway: Yes No
- Deadbolt locks on all doors: Yes No
- All windows properly secured / locked: Yes No
- Window coverings on all windows: Yes No
- Other - if applicable, please describe: _____

Is the heat being maintained? Yes No

If yes, at what temperature: _____

Is the water turned off and all of the pipes and appliances drained? Yes No

Is the property easily viewed from the road? Yes No

I confirm that all the information provided in regard to the Vacant Property is accurate and factual:

Date _____ Signature of Named Insured(s) _____